

Patier

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**ICANotes**  
Behavioral Health EHR

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Photo

Chart Details **Lazzell, Shanti** **10000107**  
Patient's Name 52 Yrs Patient's ID  
Go to E-Prescribe **DOB 11/30/1970**

**Demographics**

Anaphylactic Reaction Reported ☐ Patient Reviewed Demographics

Patient Information		Insurance Information		Other Contacts	
*Name (F,M,L,Suffix)	Shanti Lazzell	*Date of Birth	11/30/1970	Age:	52
<input type="checkbox"/> Homeless	Address 311 Cuprite	Unique Patient ID	1000010700116	*Date of Entry	6/25/2019
<input type="checkbox"/> Bad Address	Addr 2 / Appt # PO Box 325	*Gender	woman	*Sex:	F
<input type="checkbox"/> Sample	City, State, Zip Silver City NM 88062	Refer to patient as	Ms. Lazzell	Extra Privacy	
<input type="checkbox"/> Chart	Home Phone	SSN #	371-96-2518	Alt. Patient ID	
Best Phone	Cell Phone (575)654-8890	Other Names		Room:	
<input type="radio"/> Home	Work Phone	Previous Address		MAR	<input type="checkbox"/> API
<input type="radio"/> Work	Email shantilazzell@gmail.com	<b>Patient's Condition</b>			
<input type="radio"/> Cell	Email 2	Date Of Current Illness Onset <input type="text"/> Date Of Similar Illness <input type="text"/>			
Patient Status	Portal <input type="checkbox"/>	Date of Current Admission: From <input type="text"/> To <input type="text"/>			
<input checked="" type="radio"/> Active		Admitting DX <input type="text"/>			
<input type="radio"/> Inactive		Dates Unable To Work: From <input type="text"/> To <input type="text"/>			
<input type="radio"/> Pending		Condition Related To Employment? <input type="radio"/> Yes <input checked="" type="radio"/> No			
API <input type="checkbox"/>		Condition Related To Auto Accident? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Appt Reminders via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Text Message <input type="checkbox"/> Phone Message		Condition Related To Other Accident? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Employment Status	Disabled	In treatment Previously? <input type="radio"/> Y <input type="radio"/> N If yes, where? <input type="text"/>			
School or Employer		Date Of Death <input type="text"/> Preliminary Cause <input type="text"/>			
Grade		Release Appropriate Release of Info on File (6/25/2019)			
Marital Status	divorced	Adv. Dir. <input type="checkbox"/>			
Sexual Orientation	Bisexual	Patient Calendar Note			
*Ethnicity	Not Hispanic or Latino	Miscellaneous Notes			
Ethnicity 2		Custom Fields			
Religion					
Annual Household Income	0-24,999				
Family Size	1				
Veteran	<input type="radio"/> Y <input checked="" type="radio"/> N				
*Race	White				
Race 2					
*Preferred Language	English				
Disability	Mental Illness				